

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017143 AT

DOCUMENT # A97000002414



FILED

03 MAY -9 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--|--|
| 1. Entity Name SANTA CRUZ PARTNERS, LTD. | |
| Principal Place of Business 875 N. MICHIGAN AVENUE, #3620 CHICAGO IL 60611 | Mailing Address 875 N. MICHIGAN AVENUE, #3620 CHICAGO IL 60611 |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DUE BY MAY 1, 2003

| | |
|---|--|
| 4. FEI Number 58-2364890 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MANSUR, E. BARRY
1117 SCHEFFLERA DRIVE
CAPTIVA FL 33924

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$1,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|--|

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|--------------------------------|--------------------------|-----------------------------|
| DOCUMENT # | F96000006539 | STREET ADDRESS | |
| NAME | CONTINENTAL REALTY CORPORATION | CITY-ST-ZIP | |
| STREET ADDRESS | 875 N. MICHIGAN AVENUE, #3620 | STREET ADDRESS | 200018677558 |
| CITY-ST-ZIP | CHICAGO IL 60611 | CITY-ST-ZIP | 05/03/03 01892 014 **429.75 |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGIKATIFIKO REKUEPOLIN 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

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